

# LEGISLATIVE FACT SHEET

DATE: 03/29/16

BT or RC No: BT 16-073  
(Administration Bills)

SPONSOR: Public Works  
(Department/Division/Agency/Council Member)

**PURPOSE/SUMMARY:**

The purpose of this legislation is to request the re-appropriation of funding from completed capital improvement projects. These funds are the result of closing those completed projects and returning the funds to their source of origin.

APPROPRIATION: Total Amount Appropriated: \$1,851,281.13 as follows:

(Name of Fund as it will appear in title of legislation) \_\_\_\_\_

Name of Federal Funding Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of State Funding Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of City of Jax Funding Source: Banking Fund Amount: \$404,306.67

Name of In-Kind Contribution: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of Bond Acct: Various Amount: \$1,446,974.46

Bond Account Number: \_\_\_\_\_

**IMPACT - FINANICIAL / OTHER:**

**ACTION ITEMS:**

	Yes	No
Emergency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Federal or State Mandates?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fiscal Year Carryover?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CIP Amendment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Contract / Agreement (C/A) Approval?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C/A Negotiations On-going?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Oversight Department Required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Related RC/BT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Waiver of Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Code Exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Related Enacted Ordinances?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Report Required to City Council or Council Auditors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Justification of Emergency: \_\_\_\_\_

(Attach CIP Form(s)) \_\_\_\_\_

(Attach a copy) \_\_\_\_\_

Name of Dept.: Public Works

(Attach a copy) \_\_\_\_\_

Identify Code: \_\_\_\_\_

Identify Code: \_\_\_\_\_

(Attach a copy) \_\_\_\_\_

Ordinance #: 2015-505-E

Date: \_\_\_\_\_ Frequency: \_\_\_\_\_

**ADMINISTRATIVE TRANSMITTAL**

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325  
Cc: Allison Korman Shelton, Director of Intergovernmental Affairs, Office of the Mayor

From: Teresa Eichner, CIP Administrator, Finance Department  
(Name, Job Title, Department)  
Phone: 904-630-7051 E-mail: [teichner@coj.net](mailto:teichner@coj.net)

Contact Teresa Eichner, CIP Administrator, Finance Department  
Person: (Name, Job Title, Department)  
Phone: 904-630-7051 E-mail: [teichner@coj.net](mailto:teichner@coj.net)

**COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL**

To: Peggy Sidman, Office of General Counsel, St. James Suite 480  
Phone: 630-4647 E-mail: [psidman@coj.net](mailto:psidman@coj.net)

From: \_\_\_\_\_  
(Name, Job Title, Department)  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact \_\_\_\_\_  
Person: (Name, Job Title, Department)  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Legislation from Independent Agencies require a resolution from the Independent Agency Board approving the legislation.

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**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**